MULTIPLE DEPENDENT CLAIM SERIAL NO. 10/561,161 FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER I ANDMOMENT 1 AMENDMENT AS FILED AFTER AFTER IND. C AMERICALENT DEP. IND. TH3 MONSHA^L I DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 64 . 5 · TOTAL IND A A \$ TOTALOG T P TOTALDE **∳**□ TOTALBER **⟨**¤ TOTAL TOTAL

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